

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							<small>SERIAL NO.</small> <div style="font-size: 1.2em;">09242634</div> <small>APPLICANT(S)</small>		<small>FILING DATE</small> <div style="font-size: 1.2em;">04-27-01</div>				
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8	1						58						
9	1						59						
10	1						60						
11		1					61						
12	1						62						
13	1						63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						